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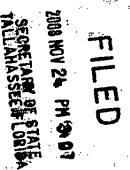
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CAPITAL CONNECTION, INC.

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JC'S BEES AND POLLINATION,	TNC.
Thank your Hallows Harry Wills	Art of Inc. File LTD Partnership File Foreign Corp. File L.C. File Fictitious Name File Trade/Service Mark Merger File Art. of Amend. File RA Resignation Dissolution / Withdrawal Annual Report / Reinstatement Cert. Copy Photo Copy Certificate of Good Standing Certificate of Fictitious Name Corp Record Search Officer Search Fictitious Search
Signature Real Sted by: 1/-24 M Name Date Time	Fictitious Owner Search Vehicle Search Driving Record UCC 1 or 3 File UCC 11 Search UCC 11 Retrieval

Courier_

Articles of Amendment to **Articles of Incorporation**

of		2088 NOV 24	PH 3 B7
IC'S BEES AND POL	CITANIL	SEGRETARY	DE STATE
(Name of Corporation as currently filed with the	<u>ie Florida De</u>	<u> Karana</u> sse	EFFLORIDA
P080000 6402	<u> </u>	6.77.	<u>- 1 - 3</u>
(Document Number of Corporation	on (if known)	· · · · · · · · · · · · · · · · · · ·	
Pursuant to the provisions of section 607.1006, Florida Statute following amendment(s) to its Articles of Incorporation:	es, this <i>Floria</i>	la Profit Corpo	ration adopts the
A. If amending name, enter the new name of the corporation	<u>:</u>		
	NA		
The new name must be distinguishable and contain the 'incorporated' or the abbreviation "Corp.," "Inc.," or Co., "Co". A professional corporation name must contain association," or the abbreviation "P.A."	" or the desig	gnation "Corp,'	"Inc," or
3. Enter new principal office address, if applicable: Principal office address <u>MUST BE A STREET ADDRESS</u>)	NY	+	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			
			
 If amending the registered agent and/or registered office and registered agent and/or the new registered office add 		orida, enter the	name of the
Name of New Registered Agent:	NA		
New Registered Office Address: (Florid	da street addre	ess)	
		, Flor	
	(City)	(2	(ip Code)
New Registered Agent's Signature, if changing Registered Agent hereby accept the appointment as registered agent. I am possition.		and accept the	obligations of the
	NA		
Signature of New		ent, if changing	

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Title	<u>Name</u>	Address	Type of Action
18	CLEMENTE, EDWARD	307 HIGH ROCK R ROGERSVILLE, TN 37857	Add Remove
VP_	CHAUDOIN, NORMAN)	307 HIGH ROCK ROCERSVILLE, TN 37857	Add Remove
			Add Remove
	ading or adding additional Articles, enter conditional sheets, if necessary). (Be specifically LA)		
			·
	<u> </u>		
provis	imendment provides for an exchange, recla		
(y	not applicable, indicate N/A)		
		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
	Page	e 2 of 3	

The date of each amendment(s) adoption: 11-5-0 8		
Effective date if applicable:	80.2-11	
	(no more than 90 days after amendment file date)	
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
	ere adopted by the shareholders. The number of votes cast for the amendment(s) were sufficient for approval.	
	ere approved by the shareholders through voting groups. The following statemen led for each voting group entitled to vote separately on the amendment(s):	
"The number of vote	s cast for the amendment(s) was/were sufficient for approval	
by	.,,	
	(voting group)	
The amendment(s) was/w action was not required.	ere adopted by the board of directors without shareholder action and shareholder	
The amendment(s) was/w action was not required.	ere adopted by the incorporators without shareholder action and shareholder	
Dated	11-2-08	
Signature _	Josha Clement	
se se	y a director, president or other officer – if directors or officers have not been lected, by an incorporator – if in the hands of a receiver, trustee, or other court pointed fiduciary by that fiduciary)	
	JOSHUA CLEMENTE	
	(Typed or printed name of person signing)	
	PRESIDENT (SECRETARY	
	(Title of person signing)	